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**ICANotes** Behavioral Health EHR Chart Room Chart Face Back <- prev next > Show Notes in List

SOS  
610 N. Silver St  
Silver City, NM 88061  
575-956-6131  
575-956-6947  
**Lazzell, Shanti**

Use Note Creation Time  
Clear Time  
Set Date/Time  
**7/29/2023**  
8:02 PM  
ID: 1000010700116 DOB: 11/30/1970  
Case Management Note (SOS)

\*History of Alcohol or Substance Abuse  
\*History of Mental Illness:  
Carries a Diagnosis of Manic Depressive Illness  
Carries a Diagnosis of Schizophrenia  
History of Severe Anxiety or Panic Attacks

**Current Risk Factors:**  
\*Absent or Weak Support System:  
\*Agitated or Very Angry:  
\*A Major Depression is Present  
\*Rapid Shifts in Mood are Occurring  
\*Carries a Diagnosis of Schizophrenia

**Suicide Risk Assessment:**  
Ms. Lazzell denies suicidal ideas or intentions.

**Suicide Risk:**  
Based on the absence of risk factors, Ms. Lazzell's current risk of suicide is considered Very Low or Absent. There are no suicidal ideation or self-destructive or aggressive thoughts or actions.

**Violence Risk:**  
Based on the risk factors reviewed, Ms. Lazzell's current risk of violence is considered Absent or Very Low. There is no homicidal ideation or intention. No aggressive ideation, self-injurious intentions, or ideation within the past six months prior to this instance of treatment.

**Access to Lethal Means:**  
Access to lethal means was discussed with Ms. Lazzell. She denies having access to lethal means at this time.

1 Unit for H2015 Comprehensive Community Support Services - TV, UH  
Time spent face to face with patient and/or family and coordination of care: 15 min  
Session start: 7:45 PM  
Session end: 8:00 PM  
T.Y  
Ryan Dingess, CSW  
Electronically Signed  
By Ryan Dingess, CSW

**Service Locations**  
Audit Log  
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#1 Signed By: \_\_\_\_\_  
Capture Signature  
#2 Signed By: \_\_\_\_\_  
Capture Signature  
#3 Signed By: \_\_\_\_\_